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## \*BI BDATASHEET\*

CONFIRMATION NO. 6387

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/032,280	<b>FILING OR 371(c) DATE</b> 12/21/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> H00498/70173 TJ0
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/373,334 08/12/1999 PAT 6,368,838  
 which is a CON of 08/951,886 10/16/1997 PAT 5,976,826  
 which is a CON of 08/659,537 06/06/1996 PAT 5,776,748 \*  
 which is a CON of 08/131,838 10/04/1993 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/22/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 1	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

23628

## TITLE

DEVICE CONTAINING CYTOPHILIC ISLANDS THAT ADHERE CELLS SEPARATED BY CYTOPHOBIC ISLAND REGIONS

<b>FILING FEE RECEIVED</b> 4914	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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